

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR
999000490

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WES LOCK MFG Code No.
Pick up Address: 13344 S. MAIN (Number) (Street) (City) LA
Telephone Number: (213) 710-0880 P.O. or Contract No.
Order Placed By: Date:

Type of Process which Produced Wastes: Code No.
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input type="checkbox"/> Oil <u>SL</u>
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Tannery waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Water waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Brine

☐ Other (Specify) Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	ppm
1. <u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>	<u> </u>

Hazardous Properties of Waste:

pH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 2000 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.
J. Pearson
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No. 27
Business Address: 2501 1/2 W. Manchester Ave. (Number) (Street) (City) Ing.
Telephone Number: 778-1842 Pick Up: (Date) Time: am ☐ pm ☐
State Liquid Waste Hauler's Registration No. (if applicable): 483
Job No.: 00921 No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck barrels, ☐ flatbed, ☐ other (specify)
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Industries Code No.
Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location

Disposal Date: 12-10-75

I certify (or declare) under penalty of perjury that the foregoing is true and correct.
J. Pearson
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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No. 209

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.